

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000118028

1. Entity Name

THE LAW OFFICE OF WILLIAM C. DUFFACK, JR., P.A.

Principal Place of Business

1300 EXECUTIVE CENTER DR STE 113
TALLAHASSEE FL 32301

Mailing Address

1300 EXECUTIVE CENTER DR STE 113
TALLAHASSEE FL 32301

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
32301

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
32301

Country

4. FEI Number

FD 59-3686092

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUFFACK, WILLIAM C JR
1055 COPPER CREEK DR
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

William C. Duffack, Jr.
Signature, typed or printed name of registered agent and title if applicable.

William C. Duffack, Jr.
(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DUFFACK, WILLIAM C JR
1055 COPPER CREEK DR
TALLAHASSEE FL 32311

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William C. Duffack, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William C. Duffack, Jr.

April 27, 2001
Date

850-878-3005
Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)